Louisiana Office of Technology Services Network Services
Project Request Form NS-16

Billing Information

OTM GL (for telecom)

LaGov Cost Center

Is this an OSB Project?
☐ No
☐ Yes

If yes:

OSB Contact Name

OSB ISIS Cost Center

OSB Contact Email

Which costs should be charged to OSB?

Agency Information

Agency

Section   ☐ Section Not Applicable

Unit   ☐ Unit Not Applicable

TC Approval

Main Telephone Number

Current Address

City

Zip

Louisiana Office of Technology Services Network Services
Project Request Form NS-16

Project Details

Project Scope
☐ Need Budgetary Info Only
☐ Ready to Implement

Desired Due Date

[ ]

Projects that require installation of new telecommunications services in fewer than 60 days may incur vendor expedite fees. Accept expedite fees?
☐ Yes
☐ N/A

Purpose

☐ Office Relocation

New Address

[ ]

New City

[ ]

New ZIP

[ ]

Anticipated Occupancy Date

[ ]

☐ System Evaluation / Upgrade / Replacement

☐ Service Expansion

☐ Wiring / Cable

Is this for a newly constructed building or renovation of existing building?
☐ Newly Constructed
☐ Existing Renovation

Is this a leased building?
☐ No
☐ Yes

Is wiring include in Capital Outlay?   A complete lease agreement is not necessary to begin the project, but will
☐ No   be required before certain services can be ordered.
☐ Yes
☐ N/A

Please select all that apply
☐ Multi-building *(campus)*
☐ Multi-floor

Is outside wiring needed?
☐ No
☐ Yes

Does the project require installation / modification of more than 25 inside cable drops?
☐ No
☐ Yes

Louisiana Office of Technology Services Network Services
Project Request Form NS-16

☐ Recurring cost for budget year
        Please specify budget year

Services / Technologies Requested

☐ Voice Communications (telephone systems and services)

    ☐ Key System

        Existing Key System

        Number of Key System end users

        Existing Voice Service

        Existing Number of End Users

    ☐ PBX System

        Existing PBX System

        Number of PBX end users

        Existing Voice Service

        Existing Number of End Users

    ☐ Hosted Voice Service (HVS)

        Is the agency currently using OTS HVS service at this or other locations?
        ☐ No
        ☐ Yes

        Number of existing end users

    ☐ Centrex
        Number of Centrex end users

    ☐ Overhead Paging
        Existing Paging System

Louisiana Office of Technology Services Network Services
Project Request Form NS-16

☐ PRI

Existing Service

Existing Number of End Users

☐ SIP

Existing Service

Existing Number of End Users

☐ ACD/Contact Center

☐ Other Option   Please specify voice request

☐ Data Communications *(network connectivity, Internet)*

☐ Local Area Network *(workstations, printers, IP cameras, Wi-Fi, etc.)*

How many wired connections are needed?

Wi-Fi is included with Local Area Network service.

☐ Internet Connectivity

☐ Agency Connectivity *(Data Center / Other Sites)*

☐ Other Option   Please specify data request

Additional Project Details

General Attachments

Please attach floor plans along with any relevant documents.

Project Contacts
Voice Communications

Agency's Voice Contact Name

Agency's Voice Contact Email

Agency's Voice Contact Phone

Is the previous contact onsite?

☐ No

☐ Yes

If no, complete the following:
Onsite Voice Contact Name

Onsite Voice Contact Email

Onsite Voice Contact Phone

Data Communications

Agency's Data Contact Name

Agency's Data Contact Email

Agency's Data Contact Phone

Is the previous contact onsite?
☐ No
☐ Yes

If no complete the following:
Onsite Data Contact Name

Onsite Data Contact Email

Onsite Data Contact Phone

Submitter Information
(Person completing this form.)
Name

Email

Phone

Today's date